Drug Conventions and UNGASS Outcome Document: innovative, health oriented, balanced approach.

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The Conventions on Narcotic Drugs and Psychotropic Substances 1961, 1971, 1988

The validity reaffirmed
- by the CND
in 2009, 2014
- by the GA Special Session
in 2016, unanimously

The main aim of both demand / supply reduction:
health protection / health care.

Controlled drugs permitted for medical and scientific purposes only.
Common sense:
non-controlled drugs used for medical purposes only

Insulin
Lithium
Amoxicillin

without diabetes?
without bipolar disorder?
without infection?
Medical purposes:

Controlled drugs **indispensable** for the relief of pain and suffering

Adequate provision must be made to ensure availability of narcotic drugs

**Severe pain treatment, anaesthesia**

**Treatment for mental health disorders**
Disparity in the global consumption or access to pain medications

- High income countries:
  - 812 - 749 ME/mg/cap

- Low income countries:
  - 0.014 - 0.015 ME/mg/cap

- High income countries 17% of population account 92% of medical morphine
Addictive behaviour

Overdose

Cardiovascular problems

Mental health/behavioural problems

Driving under influence

Evil for individual

Danger to mankind
Who is suffering more? The most vulnerable affected.
Recreational use of drugs?

- Compulsive/conditioned behaviour

- Psychotic/paranoid thinking.

- Highjacked motivational system.
Minorities with lower socioeconomic status had higher prevalence of ever using marijuana and incidence of past year initiation as compared with affluent social groups.

(Forman-Hoffman et al., 2017)

A decrease of cannabis use has been evidenced among youth from affluent families, in contrast to youth from low family affluent status, with heavier use pattern

(ter Bogt et al., 2014)
In terms of consumption of cannabis and other controlled drugs, the unemployed and students with low educational level (‘Hauptschule’: vocational school) emerged as high-risk groups (Henkel and Zemlin, 2016).

low educational level
= risk

high educational level
= resilience
Adolescent from high socioeconomic status try cannabis (episodic experimenting) more often than young people from lower socioeconomic status. However, cannabis regular use, with the risk of being affected by cannabis use disorders, associated with a lower socioeconomic status, bad school results, early school leaving.

Young people from high socioeconomic status dispose of greater sociocultural resources to master and regulate their consumption.

(Beck et al., 2013)
Essential in drug prevention

Sustainable Development
Goal 10
Reduce inequalities

The drug control system to protect the most vulnerable youth
...drug dependence as a complex, multifactorial health disorder characterized by chronic and relapsing nature...
(UNGASS, 2016, Page 6, paragraph i)
Drug dependence: complex multifactorial health disorder

- Prenatal stress
- Early chronic stress: neglect – abuse, weak attachment
- Lack of school connectedness
- Disrupted dopamine system
- Compulsive behaviour
- Glucocorticoids HPA axis dysfunction
- Continuous substance use
- Exposure to drugs in early teens
- Parents substance use

Epigenetics: changes in gene expression

Substances available for non medical purposes

(UNGASS, 2016, Page 6, paragraph i)
Dysregulated responses to emotions among abstinent heroin users: Correlation with childhood neglect and addiction severity

**Childhood neglect**

**Altered response to emotions**

**HPA axis dysfunction**

**Addiction Severity**

Gerra et al., 2013
Silent epidemic

Nervenarzt. 2017
Addiction as an attachment disorder.
Unterrainer et al., 2017

Substance Use Disorders as a possible expression of parent-child attachment disorder
HIV
Hepatitis C-B
TB
epidemic

Affecting injecting and non-injecting drug users.
Scientific evidence-based prevention measures
(UNGASS Page 5 paragraph c; Page 6 paragraph h)

Scientific evidence-based drug treatment, care and rehabilitation programs
(UNGASS Page 6 paragraph l; Page 7 paragraph p)
Relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use.

(UNGASS, Page 7, paragraph 0)
1. The Parties shall give special attention to and take all practicable measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social integration of the persons involved.

2. The parties shall as far as possible promote the training of personnel in the treatment, after-care, rehabilitation and social reintegration of abusers of drugs.
UNGASS 2016

Equal access to education...
Page 5 Para a

Well being of the society as a whole...
Page 5 Para d
Scientific evidence-based prevention measures and tools that target relevant age and risk groups in multiple settings reaching youth in schools as well out of school

involving parents...
supportive parenting...

Family skills programs
Life skills programs

Psychosocial, behavioural and medication-assisted treatment

Brief interventions

Cognitive behavioural therapy

Motivational interviewing

Contingency management

Naloxone, Clonidine, Lofexidine, Flumazenil

Methadone (opioid agonist)

Buprenorphine (opioid partial agonist)

Naltrexone (opioid antagonist)

Pharmacological therapy for stimulants use disorders
Heroin use in preceding month

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Baseline</td>
<td>80</td>
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<tr>
<td>3-months</td>
<td>49</td>
</tr>
<tr>
<td>12-months</td>
<td>59</td>
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<tr>
<td>24-months</td>
<td>65</td>
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<tr>
<td>36-months</td>
<td>66</td>
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<tr>
<td>11-years</td>
<td>75</td>
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</table>

- Abstinent
- Daily use

pharmacological maintenance therapy – MT; detoxification - DTX; residential rehabilitation - RR

Nov.2014
100 %

39 %

61 %

29 %

recognized a treatment need

made at least one visit to a service

received minimally adequate treatment exposure

10.3% high, 4.3% upper-middle, 1.0% low/lower-middle income countries

Degenhardt et al., 2017
Encourage the voluntary participation of individual with drug use disorders in treatment programs, with informed consent.
Effective measures aimed at minimizing the adverse public health and social consequences of drug use.

Including:
- medication assisted programs
- injecting equipment programs
- Anti Retroviral Therapy (ART)

Access to outreach services
Unconditioned interventions

In the context of comprehensive and balanced demand reduction efforts
Respect for human rights of people affected by drug use disorders

Non-discriminatory access to health, care and social services

Prevent any possible act of cruel, inhuman or degrading treatment or punishment
As an alternative to conviction or punishment, measures for treatment, education, aftercare, rehabilitation and social reintegration.
Convention 1988
Article 3, paragraph 4, c-d

Drug possession for personal consumption.
Drug related offences of minor nature.

Penalties proportionate to the gravity of the offences

Page 16 paragraph j-k-l

Enhance access to treatment of drug use disorders for those incarcerated

Page 16 Paragraph m
Treatment and care for people with drug use disorders in contact with the criminal justice system

Alternatives to Conviction or Punishment
Involving drug users in long term recovery

Chronic relapping disorder
Long term management
Social protection
Community cohesion
Social reintegration
Vocational skills
Complete education
Half of those who experience a mental illness during their lives will also experience a substance use disorder and vice versa.

NIDA 2018
Methylphenidate sustained release
Dexamphetamine sustained release
Adderall sustained release

Longo et al., 2009, Addiction

Medication assisted therapy for stimulant users

Page 6 paragraph k
Treatment for substance use disorders tailored for women’s specific needs
Interventions incorporated in the Public Health System

Ministry of Health

Primary care

Mental Health Service

Emergency room

Coordinating body at the National and Local Level including Ministry of Interior, Justice, Social Affairs, Education
22% felt prepared to screen SUD
7% to discuss behavioural treatments
9% to discuss medication treatments

31% felt that SUD is different from other chronic diseases because using substances is a choice
The mean global DNA methylation was significantly lower in patients prior to treatment compared to controls, but reverted back to levels similar to controls after treatment.
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